

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90013 041 ***550.00

DOCUMENT # F97000002338

1. Corporation Name

CARMEUSE PENNSYLVANIA, INC.

Principal Place of Business

ROUTE 442 & CLEAR SPRING RD
ANNVILLE PA 17003
US

Mailing Address

390 E. JOE ORR RD
CHICAGO HEIGHTS IL 60411-0488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

36-4119340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME GERMA, JACQUES

STREET ADDRESS 390 E. JOE ORR RD

CITY-ST-ZIP CHICAGO HEIGHTS IL 60411-0488

TITLE PD ☒ DELETE

NAME BROWN, WILLIAM S III

STREET ADDRESS 390 E. JOE ORR RD

CITY-ST-ZIP CHICAGO HEIGHTS IL 60411-0488

TITLE DVT ☒ DELETE

NAME DELVIGNE, ALAIN

STREET ADDRESS 390 E. JOE ORR RD

CITY-ST-ZIP CHICAGO HEIGHTS IL 60411-0488

TITLE DV ☐ DELETE

NAME COLLINET, YVES

STREET ADDRESS 13A, RUE DU CHATEAU

CITY-ST-ZIP SEILLES, B-5300 BELGIUM

TITLE DV ☐ DELETE

NAME WILLEMS, YVES

STREET ADDRESS 13A, RUE DU CHATEAU

CITY-ST-ZIP SEILLES, B-5300 BELGIUM

TITLE DVS ☐ DELETE

NAME RITZLER, SUZANNE

STREET ADDRESS 390 E. JOE ORR ROAD

CITY-ST-ZIP CHICAGO HEIGHTS IL 60411-0488

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Carl A. Gilbert

2.3 STREET ADDRESS 390 E. Joe Orr Rd

2.4 CITY-ST-ZIP Chicago Heights IL 60411

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME Deininger, Scott A.

3.3 STREET ADDRESS 390 E. Joe Orr Rd

3.4 CITY-ST-ZIP Chicago Heights IL 60411

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0558323